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## BIB DATA SHEET

CONFIRMATION NO. 7533

<b>SERIAL NUMBER</b> 10/620,311	<b>FILING or 371(c) DATE</b> 07/14/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 39254-0005	
<b>APPLICANTS</b> Edward W. Knowlton, Danville, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/396,038 07/14/2002 and claims benefit of 60/416,206 10/03/2002 <i>up</i> and claims benefit of 60/418,089 10/13/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>None up</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/20/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials		<input type="checkbox"/> Met after Allowance <b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 93	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> HELLER EHRMAN LLP 275 MIDDLEFIELD ROAD MENLO PARK, CA 94025-3506 UNITED STATES					
<b>TITLE</b> Method and apparatus for surgical dissection					
<b>FILING FEE RECEIVED</b> 714	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		